SECOND REGULAR SESSION

HOUSE BILL NO. 1247

91ST GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE THOMPSON.

Pre-filed December 17, 2001, and 1000 copies ordered printed.

TED WEDEL, Chief Clerk

3343L.01I

10

11

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to health insurance.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Chapter 376, RSMo, is amended by adding thereto one new section, to be known as section 376.1222, to read as follows:

known as section 376.1222, to read as follows:

376.1222. 1. Each policy issued by an entity offering individual and group health

- 2 insurance which provides coverage on an expense-incurred basis, individual and group
- 3 health service or indemnity type contracts issued by a nonprofit corporation, individual
- 4 and group service contracts issued by a health maintenance organization, all self-insured
- 5 group health arrangements to the extent not preempted by federal law, and all health care
- 6 plans provided by managed health care delivery entities of any type or description, that are
- 7 delivered, issued for delivery, continued or renewed in this state on or after January 1,
- 2003, shall provide coverage for expenses for scalp hair prostheses worn for hair loss
- 9 suffered as a result of alopecia areata or alopecia totalis.
 - 2. For purposes of this section, the following terms mean:
 - (1) "Prostheses", artificial appliances used to replace lost natural structures;
- 12 (2) "Scalp hair prostheses", artificial substitutes for scalp hair that are made 13 specifically for a particular individual.
- 3. The health care service required by this section shall not be subject to any greater deductible or co-payment than other similar health care services provided by the policy, contract or plan.
- 4. This section shall not apply to a supplemental insurance policy, including a life care contract, accident-only policy, specified disease policy, hospital policy providing a

H.B. 1247 2

19 fixed daily benefit only, Medicare supplement policy, long-term care policy, or any other

20 supplemental policy as determined by the director of the department of insurance.